

ART 19 amended Ch. MS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/559762

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.	/					
TOTAL DEP.	/					
TOTAL CLAIMS	3					